

FEDERAL TORT CLAIMS ACT PROCEDURES

Claims for property damage and/or personal injury or wrongful death caused by the negligence of a government employee acting within the scope of employment are payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA). A claim must be presented to the Army or other appropriate federal agency within **2 years** of accrual. The proper format for filing a claim is a completed Standard Form 95 (SF-95). The SF 95 is available from the claims office. An online version, which can be filled in online, can be found at www.gsa.gov at "Forms Library." By federal law, the claims office has six months from the date the claim is properly presented to take action on the claim. In order for us to adjudicate your claim fairly and quickly, please fill out the SF-95 according to the following directions, and attach all requested documents.

1.	Block 1	<p>Fort Belvoir Office of the Staff Judge Advocate ATTN: Claims 9990 Belvoir Drive, Building 257 Fort Belvoir, VA 22060-6107</p> <p>The Fort Belvoir Claims Office has area responsibility for incidents occurring on Fort Belvoir and in the following counties in Northern Virginia: Caroline, Clarke, Culpeper, Fauquier, Frederick, Greene, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Rockingham, Shenandoah, Stafford, and Warren. You should present your claim to the Fort Belvoir Claims Office if your loss occurred on Fort Belvoir or in one of the counties named above. If the accident or loss occurred in a different location, please refer to the handout on our web site listing U.S. Army claims offices and their areas of responsibility.</p>
2.	Block 2	<p>Name and current mailing address of claimant (or authorized agent, or legal representative). If authorized agent, provide evidence establishing express authority to act for claimant, showing title/legal capacity of person signing with evidence of authority to present a claim. The following forms may be attached for your convenience and use as required:</p> <p>Authority to File Claim (for authorized agents) Attorney Authorization (for legal representatives) Authorization for Insurance Company to Include Deductible in Subrogation Claim</p> <ul style="list-style-type: none">• Only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who

		was driving the vehicle at the time of the incident.
3.	Block 3	Check whether the claimant was a member of the armed forces on active duty or a civilian at the time of the incident.
4.	Block 4	Claimant's date of birth
5.	Block 5	Claimant's marital status
6.	Block 6	Fill in day and date of accident/incident when the claim accrued.
7.	Block 7	Fill in approximate time of accident/incident when claim accrued.
8	Block 8	Provide detailed facts that form the basis of your claim. Identify all people involved to the best of your ability, and city and state of occurrence. Attach the police report/incident complaint report or accident information exchange sheet, if you have one. The law requires that the Army independently investigate each claim presented. All claims filed under the FTCA are thoroughly investigated. The more information you can provide to us regarding the government employee involved (name, duty station, phone number, etc.) the faster we can complete our investigation. Without sufficient information to investigate, we cannot adjudicate your claim.
9.	Block 9	<p>If you are not claiming property damage, please fill in "not applicable" or "N/A." If you are claiming property damage, please provide ownership information and describe the damage and its location. Also, attach the following required information:</p> <ul style="list-style-type: none"> a. Proof of ownership of property involved (copy of title or registration, or copy of insurance coverage for insurance company claimants). Please note that only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident. b. Copy of an itemized estimate of repair, or a copy of an itemized paid receipt. If the property is not economically repairable, or is lost or destroyed, provide a written statement by a dealer, mechanic, or appraiser as to the value of the property. c. Any other paid receipts for expenses related to the damage (i.e., towing fee, reasonable rental car receipts, etc.).
10.	Block 10	<p>If you are not claiming personal injury or wrongful death, please fill in "N/A." If you are claiming for personal injury or wrongful death, please state the nature and extent of each injury or cause of death. Also, attach the following required information:</p> <ul style="list-style-type: none"> a. Appointment as the administrator of the estate for the decedent for wrongful death claims; b. Copies of the claimant's complete medical records, both inpatient and outpatient related to the accident; c. A written report by the claimant's attending physician(s) or other medical professional setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, any diminished

		<p>earning capacity, and a statement of expected expenses for any future treatment required;</p> <p>d. Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payments for such expenses;</p> <p>e. If claiming lost wages, provide a written statement from the employer showing job description, actual time lost from employment, and wages/salary actually lost. If claiming loss of self-employment income, provide documentary evidence showing amount of earning actually lost, including tax returns.</p>
11.	Block 11	List names and addresses of any witnesses. If none, fill in "N/A" or "unknown."
12.	Block 12	<p>12a. Total property damage claimed. If none, fill in "N/A."</p> <p>12b. Total personal injury claimed. If none, fill in "N/A."</p> <p>12c. Total amount for wrongful death claimed. If none fill in "N/A."</p> <p>12d. Total amount claimed (12a + 12b + 12c). You must demand a sum certain dollar figure. Approximate amounts or "see attached" are not acceptable. Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.</p>
13.	Block 13	<p>13a. Original signature of claimant (or authorized representative) required. Faxed or photocopies are acceptable.</p> <p>13b. Provide telephone number where claimant or authorized representative can be reached.</p>
14.	Block 14	Fill in the date the claim is signed by the claimant.
15.	Blocks 15-19	Complete requested insurance information on the back side or second page of the SF-95.

If you have questions concerning your claim, please contact us at (703) 805-4395/2315/4377 or by fax at (703) 805-3263. Please understand that filing a claim is **not** a guarantee of payment. You will be notified if your claim will be settled or denied. Claims under the FTCA and MCA may be approved for payment only after a settlement agreement is executed by the claimant. For claims involving incidents on Fort Belvoir and Northern Virginia, send your completed SF-95 and all attached documentation to:

Office of the Staff Judge Advocate, Fort Belvoir
ATTN: Claims
9990 Belvoir Drive, Building 257
Fort Belvoir, VA 22060-6107